

COMPLIANCE WITH EEO REQUIREMENTS IN DC GOVERNMENT CONTRACTS



COMPLIANCE WITH EQUAL OPPORTUNITY REQUIREMENTS **IN DC GOVERNMENT CONTRACTS**

The Director of the Office of Human Rights has the authority to establish standards and procedures by which contractors and subcontractors who perform under District of Columbia Government contracts shall comply with the equal opportunity provisions of their contracts; to issue all orders, rules, regulations, guidelines, and procedures the Director may deem necessary and proper for carrying out and implementing the purpose of Mayor's Order 85-85 and Chapter 11 – Equal Employment Opportunity Requirements in DC Government Contracts.

Required EEO Forms List:

1. EEO Policy Statement
2. Assurance of Compliance w/t EEO Requirements
3. Employer Information Report

Request and Approval Procedures of the Required EEO Forms:

1. **REQUEST:** Send e-mail requests for approval to AffirmativeAction.OHR@dc.gov to ensure tracking, monitoring, and easy access by Compliance Manager. The body of the e-mail should have the following information:
 - Name of Contractor
 - Contract Number. If a contract number has not been created, a solicitation or bid number will work as well.
 - Contract Amount

NOTE: Please limit each e-mail to 10 requests. If multiple requests are made, please include for EACH request the required information identified above in #1. **See** Sample E-mail in the Required Forms/Template section below.

Please ensure that prior to submitting a request for approval, the contractor has filled out ALL the forms COMPLETELY and that no response fields are left blank. Lastly, please make sure the required forms match your request information (vendor name, contract/solicitation/bid number, and contract amount).

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2. **OHR RESPONSE:** If you provide all the required forms completely filled out and signed, AND send the request e-mail to the OHR designated e-mail address, Contract Specialist should receive a response within 6 – 10 business days. If OHR sends back the request for corrections, upon receipt of requested corrections, the Contract Specialist should receive a response within 3 – 5 business days.

FOR MORE INFORMATION:

DC Office of Human Rights
441 4th Street, NW, Suite 570 North
Washington, DC 20001
Phone: (202) 727-4559
Fax: (202) 727-9589
TTY: 711
E-mail: AffirmativeAction.OHR@dc.gov

REQUIRED FORMS GUIDANCE

EEO POLICY: The template should be on company letterhead. The letterhead should include the company's name, address, and telephone number.

ASSURANCE OF COMPLIANCE: The template should be on company letterhead. The letterhead should include the company's name, address, and telephone number. Similarly, the correct contract, bid, or solicitation number should be listed. This number should also be correctly identified in the body of the e-mail request as well.

EMPLOYER INFORMATION REPORT:












OHR Follows the EEOC's EEO-1 Standard (*Completing the EEO-1*) for this form. Please refer to their FAQ page [here](#).

NOTE: All fields require a response. If a question does not apply to the business structure of the company, please indicate N/A (Not Applicable) as a response. A blank form does not necessarily mean N/A. OHR cannot assume anything for the contractors. Similarly, signature sections **MUST** be signed accordingly.

Required Forms/Templates

(Starts Next Page)

SAMPLE E-MAIL WITH MULTIPLE REQUESTS

FILE	MESSAGE	INSERT	OPTIONS	FORMAT TEXT	REVIEW	DEVELOP
 Paste ↓ Clipboard	 Cut  Copy  Format Painter	Calibri (Box) 11 A ⁺ A ⁻ B I U Basic Text	   Names	 Address Book  Check Name		
 Send	From ▾	Luisa.Nguyen2@dc.gov				
	To...	OHR, AffirmativeAction				
	Cc...					
	Subject					
	Attached	 EEO Documents DSI Final V2.pdf (1 MB)				
<p>Good Afternoon:</p> <p>Request #1</p> <ul style="list-style-type: none">• Contractor Name• Contract/Solicitation/or Bid #• Contract Amount <p>See attached for required forms.</p> <p>Request #2</p> <ul style="list-style-type: none">• Contractor Name• Contract/Solicitation/or Bid #• Contract Amount <p>See attached for required forms.</p> <p>Request #3</p> <ul style="list-style-type: none">• Contractor Name• Contract/Solicitation/or Bid #• Contract Amount <p>See attached for required forms.</p> <p>[ETC. Not to exceed 10 requests per e-mail]</p>						

BUSINESS LETTERHEAD HERE

EEO POLICY COMMITMENT

_____ (NAME OF CONTRACTOR/BUSINESS) SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF THEIR ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, OR DISABILITY.^{1 2}

_____ (NAME OF CONTRACTOR/BUSINESS) AGREES TO EQUAL EMPLOYMENT OPPORTUNITY FOR ALL APPLICANTS AND THAT ALL EMPLOYEES ARE TREATED EQUALLY DURING EMPLOYMENT, WITHOUT REGARD TO THEIR ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY OR CREDIT INFORMATION. THE EQUAL EMPLOYMENT OPPORTUNITY SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (A) EMPLOYMENT, UPGRADING, OR TRANSFER; (B) RECRUITMENT OR RECRUITMENT ADVERTISING; (C) DEMOTION, LAYOFF, OR TERMINATION; (D) RATES OF PAY, OR OTHER FORMS OF COMPENSATION; AND (E) SELECTION FOR TRAINING AND APPRENTICESHIP.

_____ (NAME OF CONTRACTOR/BUSINESS) AGREES TO POST IN CONSPICUOUS PLACES THE ABOVE PROVISIONS CONCERNING NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY.

_____ (NAME OF CONTRACTOR/BUSINESS) SHALL STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT PURSUANT TO MAYOR'S ORDER 85-85, "COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY OBLIGATIONS IN CONTRACTS" AND THE RULES IMPLEMENTING MAYORS ORDER 85-85, SUBSECTIONS 1103.2 THROUGH 1103.10 OF 33 DCR 4952 (PUBLISHED AUGUST 15, 1986).

_____ (NAME OF CONTRACTOR/BUSINESS) AGREES TO PERMIT ACCESS TO ALL BOOKS, RECORDS, AND ACCOUNTS PERTAINING TO ITS EMPLOYMENT PRACTICES, AND TO REQUIRE EACH SUBCONTRACTOR TO PERMIT ACCESS TO BOOKS AND RECORDS.

_____ (NAME OF CONTRACTOR/BUSINESS) AGREES TO COMPLY WITH ALL GUIDELINES FOR EQUAL EMPLOYMENT OPPORTUNITY APPLICABLE IN THE DISTRICT OF COLUMBIA, INCLUDING MAYOR'S ORDER 85-85, THE RULES IMPLEMENTING MAYORS ORDER 85-85, AND THE DC HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01, ET SEQ.

_____ (NAME OF CONTRACTOR/BUSINESS) SHALL INCLUDE AS EXPRESS CONTRACTUAL PROVISIONS THE LANGUAGE CONTAINED IN SUBSECTIONS 1103.2 THROUGH 1103.10 OF 33 DCR 4952 (PUBLISHED AUGUST 15, 1986), SO THAT SUCH PROVISIONS SHALL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

¹ Familial status, source of income, place of residence, and place of business are not currently protected under the employment section of the D.C. Human Rights Act, D.C. Code §2-1402.11.

² D.C. Code § 2-1401.03(b) does not prohibit any religious organization, from limiting employment, admission or giving preference to persons of the same religion if such act is calculated to promote religious principles for which the organization is established or maintained. This shall not be construed to **exempt** such organizations from the general anti-discrimination provision under the D.C. Human Rights Act and Chapter 11 - Equal Employment Opportunity Requirements in DC Government Contracts, § 1103.2.

NAME OF AUTHORIZED OFFICIAL AND TITLE

DATE

SIGNATURE OF AUTHORIZED OFFICIAL

FIRM/ORGANIZATION

BUSINESS LETTERHEAD HERE

ASSURANCE OF COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS

MAYOR'S ORDER 85-85, "COMPLIANCE WITH EQUAL OPPORTUNITY REQUIREMENTS IN CONTRACTS," EFFECTIVE JUNE 10, 1985, THE RULES IMPLEMENTING MAYORS ORDER 85-85, 33 DCR 4952 (PUBLISHED AUGUST 15, 1986), AND THE DC HUMAN RIGHTS ACT OF 1977, AS AMENDED, D.C. OFFICIAL CODE § 2-1401.01, ET SEQ. ("D.C. HUMAN RIGHTS ACT") ARE HEREBY INCLUDED AS PART OF THIS BID/PROPOSAL. THEREFORE, EACH BIDDER/OFFEROR SHALL INDICATE BELOW THEIR WRITTEN COMMITMENT TO ASSURE COMPLIANCE WITH MAYOR'S ORDER 85-85, THE IMPLEMENTING RULES, AND THE D.C. HUMAN RIGHTS ACT. FAILURE TO COMPLY WITH THESE PROVISIONS SHALL RESULT IN REJECTION OF THE RESPECTIVE BID/PROPOSAL.

I, _____, THE AUTHORIZED REPRESENTATIVE OF

_____ (VENDER/COMPANY), HEREINAFTER REFERRED TO AS "THE CONTRACTOR," CERTIFY THAT THE CONTRACTOR IS FULLY AWARE OF ALL OF THE PROVISIONS OF MAYOR'S ORDER 85-85, EFFECTIVE JUNE 10, 1985, THE RULES IMPLEMENTING MAYOR'S ORDER 85-85, AND THE D.C. HUMAN RIGHTS ACT. I FURTHER CERTIFY AND ASSURE THAT THE CONTRACTOR WILL FULLY COMPLY WITH ALL APPLICABLE PROVISIONS REFERENCED HEREIN IF AWARDED THE D.C. GOVERNMENT CONTRACT REFERENCED BY THE CONTRACT NUMBER ENTERED BELOW. FURTHER, THE CONTRACTOR ACKNOWLEDGES AND UNDERSTANDS THAT THE AWARD OF SAID CONTRACT AND ITS CONTINUATION ARE SPECIFICALLY CONDITIONED UPON THE CONTRACTOR'S COMPLIANCE WITH THE ABOVE-CITED PROVISIONS.

NAME OF CONTRACTOR

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

CONTRACT NUMBER/SOLICITATION NUMBER/BID NUMBER

DATE

EQUAL EMPLOYMENT OPPORTUNITY

EMPLOYER INFORMATION REPORT

GOVERNMENT OF THE DISTRICT OF COLUMBIA DC Office of Contracting and Procurement Employer Information Report (EEO)	Reply to: Office of Contracting and Procurement 441 4th Street, NW, Suite 700 South Washington, DC 20001
Instructions: Two (2) copies of DAS 84-404 or Federal Form EEO-1 shall be submitted to the Office of Contracting and Procurement to comply with Section D of this report ONLY. One copy shall be retained by the Contractor.	
Section A – TYPE OF REPORT	
1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX)	
Single Establishment Employer (1) <input type="checkbox"/> Single-establishment Employer Report	Multi-establishment Employer (2) <input type="checkbox"/> Consolidated Report (3) <input type="checkbox"/> Headquarters Report (4) <input type="checkbox"/> Individual Establishment Report (submit one for each establishment with 25 or more employees) (5) <input type="checkbox"/> Special Report
2. Total number of reports being filed by this Company. _____	
Section B – COMPANY IDENTIFICATION OFFICIAL (To be answered by all employers)	
OFFICIAL USE ONLY	
1. Name of Company which owns or controls the establishment for which this report is filed	
Address (Number and street)	City or Town Country State Zip Code
b. Employer Identification No.	<div style="border-bottom: 1px solid black; width: 100%;"></div>
2. Establishment for which this report is filed.	
OFFICIAL USE ONLY	
a. Name of establishment	
Address (Number and street)	City or Town Country State Zip Code
b. Employer Identification No.	<div style="border-bottom: 1px solid black; width: 100%;"></div>
3. Parent of affiliated Company	
a. Name of parent or affiliated Company	b. Employer Identification No.
Address (Number and street)	City or Town Country State Zip Code
Section C - ESTABLISHMENT INFORMATION	
1. Is the location of the establishment the same as that reported last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not report last year <input type="checkbox"/> Report on combined basis	
2. Is the major business activity at this establishment the same as that reported last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not report last year <input type="checkbox"/> Report on combined basis	
OFFICIAL USE ONLY	
3. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or service provided, as well as the principal business or industrial activity.)	
e.	
4. MINORITY GROUP MEMBERS: Indicate if you are a minority business enterprise (50% owned or 51% controlled by minority members). <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	

SECTION D – EMPLOYMENT DATA												
Employment at this establishment – Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zero. <i>In columns 1, 2, and 3, include ALL employees in the establishment including those in minority groups</i>												
JOB CATEGORIES		TOTAL EMPLOYEES IN ESTABLISHMENT			MINORITY GROUP EMPLOYEES							
					MALE				FEMALE			
		Total Employees Including Minorities (1)	Total Male Including Minorities (2)	Total Female Including Minorities (3)	Black (4)	Asian (5)	American Indian (6)	Hispanic (7)	Black (8)	Asian (9)	American Indian (10)	Hispanic (11)
Officials and Managers												
Professionals												
Technicians												
Sales Workers												
Office and Clerical												
Craftsman (Skilled)												
Operative (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
TOTAL												
Total employ reported in previous report												
(The trainee below should also be included in the figures for the appropriate occupation categories above)												
Formal On-The-Job Trainee	White collar	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Production											
1. How was information as to race or ethnic group in Section D obtained? a. <input type="checkbox"/> Visual Survey c. <input type="checkbox"/> Other Specify _____ b. <input type="checkbox"/> Employment Record _____						2. Dates of payroll period used: _____ 3. Pay period of last report submitted for this establishment: _____						
Section E – REMARKS Use this Item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units, and other pertinent information.												
Section F - CERTIFICATION												
Check one <input type="checkbox"/> (1) All reports are accurate and were prepared in accordance with the instructions (check on consolidated only) <input type="checkbox"/> (2) This report is accurate and was prepared in accordance with the instructions.												
Name of Authorized Official				Title		Signature			Date			
Name of person contact regarding this report					Address (Number and Street)							
Title				City and State		Zip Code		Telephone Number		Extension		

INFORMATION CITED HEREIN SHALL BE HELD IN CONFIDENCE